2015 07 13 03 00007195

FEC FORM 1

Only

STATEMENT OF **ORGANIZATION**

(Revised 06/2012)

							ugėjujeg puly		_
NAME OF COMMITTEE (in full)		(Check if name is changed)	Example: If over the line	typing, type es.	12F	Ė4M5			
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	1				LLL	1111			
ADDRESS (number and street)	117101151 VEINITIVIRIA BILIVIDI								
(Check if address is changed)	CAMPIAILIGINI SIEIGTILIOINI								
Trans. 3	EN	CITY A			STATE		1,3,1,6 ZIP	CODE ▲	_
COMMITTEE'S E-MAIL ADDRE	:SS								
(Check if address is changed)	[R _I A	BORABIFIT	IRI CIOINIG	RIEISISI.	1 C1011	$q_{\perp \perp \perp \perp}$		<u> </u>	إذ
in the second se		nal Second E-Mail Ad J I R A B @]@		1 CO MI 1	1	1 1 1		1 1 1 1	_
COMMITTEE'S WEB PAGE AD (Check if address is changed)		(URL) DIW . I RIA IBI FIO	IRI GOINIG	R E S S .	. <i>O</i> .O.IM	<u></u>			
2. DATE 0 7 0	8 / 8	2015							.4
3. FEC IDENTIFICATION N	UMBER	▶ C							
C' 4. IS THIS STATEMENT	N	EW (N) OR	[] A	MENDED (A)					
I certify that I have examined to		EJA2 (RAJ		dge and belief it	is true,	correct an	d complete.		•
Signature of Treasurer	\widehat{q}	<u> </u>			Date	0.7	08	201	5
NOTE: Submission of false, error		incomplete information CHANGE IN INFORMA					e penalties o	f 52 U.S.C. §30)109
Office Use				ther information c			FEC FO		_

Toll Free 800-424-9530

Local 202-694-1100

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5.			Committee:	
	(a)	X	This committee is a principal campaign committee. (Complete the candidate information below.)	
e gran	(b)		This committee is an authorized committee, and is NOT a principal campaign committee. (Complete the candidate information below.)	
•	Name Candi		[A:E:J:A:Z: (R:A:J:1) RAB	
2 1 *** W	Candi Party	idate Affiliatio	Office State Company Office State Senate President District 3	٥
er E	(c)		This committee supports/opposes only one candidate, and is NOT an authorized committee.	
÷	Name Candi			
No.	Part	y Com	imittee:	
	(d)		This committee is a (National, State (Democratic, Republican, etc.) Par	ty.
Ć,	Polit	ical A	ction Committee (PAC):	
;	(e)		This committee is a separate segregated fund. (Identify connected organization on line 6.) Its connected organization is	s a:
•			Corporation Corporation w/o Capital Stock Labor Organization	
			Membership Organization Trade Association Cooperative	
			In addition, this committee is a Lobbyist/Registrant PAC.	
٠.	(f)		This committee supports/opposes more than one Federal candidate, and is NOT a separate segregated fund or parcommittee. (i.e., nonconnected committee)	rty
-			In addition, this committee is a Lobbyist/Registrant PAC.	
			In addition, this committee is a Leadership PAC. (Identify sponsor on line 6.)	
,	Join	t Fund	raising Representative:	
÷	(g)		This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or more political committees/organizations, at least one of which is an authorized committee of a federal candidate.	
	(h)	Water 1	This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or more political committees/organizations, none of which is an authorized committee of a federal candidate.	
•		Com	mittees Participating in Joint Fundraiser	
		1.	FEC ID number C	New York
		2.	FEC ID number	
•		3.	FEC ID number	, income
		4.	FEC ID number	55

Title or Position

TREASIURER

FEC Form 1 (Revised	02/2009)		Page 3
Write or Type Committee Nam	е		
RAB FOR CONG	IRESS COMMITTEE		
6. Name of Any Connected	Organization, Affiliated Committee, Joint Fundrais	ing Representative, or Leadership P	AC Sponsor
Mailing Address			
mag //cc/ccc			
			
	CITY	STATE ZIP (CODE
Relationship: Connecte	d Organization Affiliated Committee Joint Fu	ndraising Representative	nin PAC Snonsor
Trefationship.	d Organization Anniated Committee 150mt rul	. Leaders	iip i Ao aponsoi
books and records.	ntify by name, address (phone number optional) a		on of committee
Mailing Address	417101151 IVIENITIURIAI BL	V10	
;	CIAIMPIAILIGINI SECITILIOINI		<u> </u>
·	ENGINO	[CA] [9,1,3,1,6	<u>a-L</u>
Title or Position	CITY	STATE ZIP C	CODE
18,0,0,K,K,E,E,P,E	<u> R </u>	hone number	<u>]-[</u>
8. Treasurer : List the name are any designated agent (e.g.,	nd address (phone number optional) of the treasur assistant treasurer).	er of the committee; and the name ar	nd address of
Full Name of Treasurer A:E:J:M	4121 (IRIAIJIII) IRIAIBI		
Mailing Address	170115 IVIEINITIVIRIAI BILI	CIDI	
	CAMPALLGINI SECTILOINI		
	ENGLADI	LA 9113116	a
	CITY	STATE ZIP C	CODE

Telephone number

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FEC Form 1 (Revised 02/2009)

Full Name of

JAZ (RAJI) RAB 015 Ventura Blvd. mpaign section cino, CA 91316









FEDERAL ELECTION COMMISSION

999 E Street, NW Washington, DC 20463

(3/2015)

Federal Election Commission ENVELOPE REPLACEMENT PAGE FOR INCOMING DOCUMENTS The FEC added this page to the end of this filing to indicate how it was received. Date of Receipt Hand Delivered Postmarked Date of Receipt **USPS First Class Mail** Postmarked (R/C) **USPS** Registered/Certified Postmarked **USPS** Priority Mail Postmarked **USPS Priority Mail Express** Postmark Illegible No Postmark **Shipping Date** Overnight Delivery Service (Specify): **Next Business Day Delivery** Date of Receipt Received from House Records & Registration Office Date of Receipt Received from Senate Public Records Office Date of Receipt Received from Electronic Filing Office Date of Receipt or Postmarked Other (Specify):

DATE PREPARED